

Vocabulary Task Force Draft Transcript February 10, 2010

Presentation

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Okay. Does everybody have the documents that went out, I think, a couple days ago with the proposed agenda, panels, and questions to be addressed in the panels and in public testimony for our meeting on the 23rd? Does anybody not have those? Okay.

What we were just talking about also before the call started was making requests, both on the FACA blog and on John Halamka's blog and perhaps in other places to request written comments in advance of the meeting so that those folks who are not on the panels would have an opportunity to provide input to our taskforce. This goes back to the suggestion, I think, was made originally by Andy Wiesenenthal that really before we get into determining infrastructure recommendations or before we get into focusing on any of the particular subsets or value sets, that we needed to focus first on the rules of the road.

Who just joined?

Floyd Eisenberg – Siemens Medical Solutions – Physician Consultant

Floyd Eisenberg.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Good morning, Floyd. We wanted to focus on essentially the rules of the road from different perspectives, understanding what's needed in a governance structure for the subsets and value sets that we've been discussing. And so that's really what we think these questions that are in the document that went out are intended to address, and we wanted to get that from the perspectives, first of all, from the EHR vendors. What do they need to make these controlled vocabulary subsets and value sets available and useful to implementers? We also wanted to hear what solutions are available, what lessons have been learned, both of what to do and what not to do from the terminology service providers. Then we wanted to also hear from the vocabulary standards developers of what their perspective is on how these things should be governed.

Now one of the suggestions that I think Bob Dolan made, back to the list in response to this was, well, what about the actual users themselves? Where are we getting their input? I think that's for subsequent meetings, basically is sort of the gist of our previous discussion. But that's not – this meeting isn't about the end user perspective on the governance of subsets and value sets because that's more of an infrastructure of how it's made available to them through vendors and service providers and standards organizations.

Hi, who just joined?

W

...I'm at the airport and on mute. Sorry.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

With that introduction, let me just ask for folks to comment on this. Are we on the right track for this, and what would you change about it? That's really what this call was for, so if this looks acceptable to folks, then we're going to get a lot of time back.

Andy Wiesenthal – Kaiser Permanente – Exec. Dir. CIS

Since I was the one who started it—this is Andy—you know, I mean, I almost didn't say anything. It definitely looks acceptable to me.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Okay. Now one of the other questions that came up and, Judy Sparrow, I don't know if you have any guidance, or Doug Fridsma from the ONC perspective, but where we wanted to have a more extensive panel first from the EHR vendors. And we wanted to essentially cover the spectrum of larger and smaller and ambulatory and inpatient and more monolithic versus modular EHR vendors. How do we cover that spectrum of the vendor space in a panel that is really going to be focused on getting the vendor input? What's most useful from their perspective to make these controlled vocabularies available and useful to their customers? How do we approach that EHR vendor panel is the basic question.

Doug Fridsma – Arizona State – Assoc. Prof. Dept. Biomedical Informatics

Jamie, this is Doug. It would seem to me that the EHR vendor panel, they're the ones that have the need, right?

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Yes.

Doug Fridsma – Arizona State – Assoc. Prof. Dept. Biomedical Informatics

So it would....

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

And that's why we put them first.

Doug Fridsma – Arizona State – Assoc. Prof. Dept. Biomedical Informatics

Right, and so a successful outcome of panel one is going to be to have, you know, essentially, what do they do now? What works? What doesn't? And, in the future, if this became a requirement that they had to have explicit value sets or they had to have explicit vocabularies and terminologies, what would they like to see? There are different models for how that need is met between Apalon, Intelligent Medical Objects, SAIC.

There's sort of the notion of provisioning for vocabularies and terminologies. There are centralized versus decentralized approaches. But it would seem to me that we want to sort of see something in that first panel about the extent of the problem, how difficult it is going to be to solve, what the costs might be involved, and how they're dealing with the issues now, and what are their plans to be able to meet meaningful use in the vocabulary standards going forward.

Then, in the afternoon, we can talk about, well, there are terminology service providers. How do they solve that problem, and then the messaging as well, the message standards as well?

One thing that I didn't see on here, but I think is a useful thing for us to think about when we have all of these various questions. It's ... if we can begin to frame some of the conversation in terms of things like what does the federal government have to do. What is the thing that if the federal government doesn't do it, we will fail? What are the things that the federal government should do, which we might be able to

muddle through if they don't do it, but if they did these things, it would make our lives a lot easier? And what are the things that the federal government should not do? What would be the things that if we came out and had particular policies or recommendations, that could paralyze the industry or create all sorts of problems downstream?

Ultimately, this is going to feed back into the working group, which will then provide guidance or provide recommendations to the Office of the National Coordinator, and that will get translated into policies and procedures and standards and things like that. But if we're going to talk about process, part of what I'd like to see is extracting from that what are the things that the federal government absolutely should do. What are the things that the federal government should not do? And what are the options that we have in terms of how to engage?

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

That's a great question, and I'm adding that as the tenth question to be addressed.

Doug Fridsma – Arizona State – Assoc. Prof. Dept. Biomedical Informatics

Well, I think it's embedded within these things as well.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Yes, but we can pull it out and make it explicit. I think, sort of, what the federal government must do, should do, and must not do.

Doug Fridsma – Arizona State – Assoc. Prof. Dept. Biomedical Informatics

Right, because each of the questions, who should determine those that are needed? Is that a federal government role, or is that something that industries should do?

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Right.

Doug Fridsma – Arizona State – Assoc. Prof. Dept. Biomedical Informatics

Who should produce? Who should review and approve them? All of those questions sort of have embedded within them what's the role that the federal government should have. I think you could include state and local agencies as well. The IFR, although it's pretty consistent nationally, also has some wiggle room for some of the local public health reporting, for example, that may have local variations because the public health and the state laws are in place that require conforming to different sets of standards.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Yes. But actually, this question of sort of what should the federal government do or not do, that actually really is asking the question of should there be preemption as well in exactly those areas.

Doug Fridsma – Arizona State – Assoc. Prof. Dept. Biomedical Informatics

Exactly. And so I just want to make sure that we key some of that stuff up because if we're going to talk about process and how we're going to do that, as an advisory committee that is providing guidance and recommendations to the ONC, that's a question that everybody is going to want to have you guys answer.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

I just heard a couple more folks beep on, I believe, since we did introductions. Can I ask who else is on the line, please?

Bob Dolan – HL-7 – Chair Elect

Hello, Jamie. It's Bob. I dropped off and came back.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Okay.

Jim Walker – Geisinger Health Systems – Chief Health Information Officer

Jim Walker.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Hello, Jim. We're talking about the hearing that we're going to have or our public meeting on February 23rd and reviewing the agenda and questions that went out a couple days ago.

Jim Walker – Geisinger Health Systems – Chief Health Information Officer

Right.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Okay. The question that we're adding to the list is what must the federal government do, what could the federal government do, or must not do with regard to all the other questions, essentially.

Bob Dolan – HL-7 – Chair Elect

Jamie, it's Bob. Can I speak a little bit to the response I'd sent you?

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Sure. Please.

Bob Dolan – HL-7 – Chair Elect

I know it's kind of late in the game. I missed some of the early planning meetings while I was away at HL-7, and I certainly understand that it's going to be impractical to add another group of panelists. But one of the things that struck me was, I remember, as we were deploying terminology services across Kaiser that the one group that kind of had the weakest voice early on, whose voice grew stronger only after a couple years of implementation, were the real users, the data analysts.

They have, in some respects, needs that overlap or requirements that overlap with, I think, the second group of panelists, the terminology vendors. But in other respects, they have unique needs in that if we give them a more or less cohesive set of subsets, it may affect their ability to actually do analysis, to reuse data, to capture data at the point of service, and then repackage that data in quality reports that get sent in to quality reporting agencies.

I don't quite understand how we're going to get at – you know, I have concerns that if we have a lot of different value sets that come from different vocabularies, and then if we don't gain a better understanding of this notion between federated and integrated terminologies, that we're not necessarily putting ourselves on a proper course for the future. I wonder if there's a way that we can get some input from people who will be really grappling with data analysis.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

I think I agree with you that it's too late to add that viewpoint to the current plan without sort of throwing a monkey wrench into this one, but let's talk about how we could address that in an upcoming meeting, given that we've gotten all of this input, and we'll presumably sift through it. We'll come up with some recommendations. Then perhaps one of the things we could do for one of our next meetings after those

recommendations is to get essentially a reactor panel from that user group. What do folks think of that idea?

Doug Fridsma – Arizona State – Assoc. Prof. Dept. Biomedical Informatics

Jamie, this is Doug. I actually like that suggestion, and there is a lot of work that's going on, particularly as we're looking towards 2015 and trying to figure out how clinical research and comparative effectiveness and those sorts of things in which the data, although it's used for clinical care, is reused for analysis and research. I think there may be an opportunity. I certainly know that CDISC, working with the pharmaceutical companies, is interested in some of that clinical research activity because many of their standards are used to help support clinical research.

You may be able to get one or two voices, even in this panel, depending on who it is that you choose. If the message standards developer end, if we get Rebecca Cush to come in and talk about CDISC—

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Yes, that's exactly our plan for CDISC.

Doug Fridsma – Arizona State – Assoc. Prof. Dept. Biomedical Informatics

She can also address some of those concerns, maybe not directly, but as a representative of some of those end users. But I think the point is extremely important that we think about that as well. I think CDISC is driving a lot of activities in trying to come up with value sets because the pharmaceutical ... really struggling with that integration.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Okay.

Doug Fridsma – Arizona State – Assoc. Prof. Dept. Biomedical Informatics

We'll just have her talk about that.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Yes. I don't disagree. We can talk to Becky about that. But at the same time, I don't think that's going to fully address Bob's question, right?

Doug Fridsma – Arizona State – Assoc. Prof. Dept. Biomedical Informatics

Correct, but it would be nice if we started to tee that up and maybe use that as a way to create another panel or to create some more discussion about this.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Yes. Okay. That goes on our next steps list, I think. Did somebody else join us?

Don Bechtel – Siemens Medical – IT Architect, Standards & Regulatory Mgr.

Yes, Jamie. This is Don Bechtel. I'm on the call.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Hello, Don.

Don Bechtel – Siemens Medical – IT Architect, Standards & Regulatory Mgr.

Sorry to be late.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

We're talking about the public meeting that we have planned for February 23rd. We've reviewed the list of questions that we're going to put out. We're going to request both written comments in advance of the meeting, as well as ask our panelists to address these questions. And we've added a question of what must the federal government do or not do with regard to the governance issues, or what other role should the government play.

But then, now I think the other question, Doug, that I was asking was really, you know, given that there are over 100 CCHIT certified EHRs, how do we pick half a dozen vendors that represent that whole space? One suggestion is go back to the EHR vendor association and ask them to pick. But I'm not sure that that gets at all of the modular or open source alternatives and other kinds of....

Andy Wiesenthal – Kaiser Permanente – Exec. Dir. CIS

Jamie, this is Andy. Since it was my suggestion, I'll defend it. I think we can tell them what we're looking for. Rather than look like we know which ones are the right ones, we can give them categories and say, you know, we need people to testify in each of these categories. We can specify some things about size of the vendor. Whatever we want, we can give them criteria, and then they go off and dual. Let them figure out because this panel, all we're going to do is come up with the ones we know, and whatever that is, that's a skewed population.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Yes, that's exactly right. Doug, what do you think of that?

Doug Fridsma – Arizona State – Assoc. Prof. Dept. Biomedical Informatics

I think that would work. I think what you really want is you want to identify the categories of kinds of EHR vendors that you want to have represented. You might want to have somebody who is very sophisticated in their use of coded vocabularies and terminologies. You may want to have someone who has a different model than that. They use free text or the like. You may want some federal partners and someone from the VA or from ALTA or from....

Andy Wiesenthal – Kaiser Permanente – Exec. Dir. CIS

Doug, this is Andy. I was thinking of it in a very different way, and in a way that they would think of it, which is market segments. Then you can get at whether, within any particular market segment, somebody, they tend to be more or less sophisticated. There are clearly vendors that are marketing primarily to large institutions or large groups of physicians. There are ones that are marketing to small physician offices. There are things that are not vendors, but Stan can relate to this that academic medical centers with propriety systems that they've developed.

There are sort of market segment categories, and then we can get at, within that, because that's how the stuff is sold. It's not sold on whether or not it's a sophisticated vocabulary engine. And that's how they'll understand segmentation. Then we can ask questions related to the sophistication of vocabulary use of each segment, and we may learn some very interesting things.

Don Bechtel – Siemens Medical – IT Architect, Standards & Regulatory Mgr.

Yes. This is Don. I agree with that comment. I think that's the way to approach it, and I say that as a vendor.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Okay. I think, at the same time as that, we might take that approach on the vendor association side. I like also Doug's suggestion that we might consider inviting, for example, the VistA Web team or something like that from the VA.

Bob Dolan – HL-7 – Chair Elect

Yes. I think that would be a good idea too.

Doug Fridsma – Arizona State – Assoc. Prof. Dept. Biomedical Informatics

And I don't disagree that using market segment as a way to understand this. At the end of the day, what you want is you want to be able to have a broad enough set of input that you feel as if you can provide – that you've sort of gotten the lay of the land, as it relates to vocabulary, terminologies, and value sets. The risk, of course, with market segmentation is that if you pick one person or two people from each of those different segments, but they all, they all have kind of constrained the way in which they approach it, or they don't have sort of the spectrum of ways that you might manage vocabulary and terminology. We may not have the kind of input that you need. You'll just need to make sure that we pick the groups that are fairly – you know, that may not be entirely representative, but that they cover the spectrum of things going on with vocabulary and terminology.

Andy Wiesenthal – Kaiser Permanente – Exec. Dir. CIS

Doug, this is Andy again. I think you're right there, and one of the instructions we can give is to say to the vendors that are coming. You certainly can represent yourself, but we expect you to engage with the vendors in your market segment to understand their models and represent the segment in addition to yourself. There's some of that that might be tricky for them if they're asking questions that might be viewed as having proprietary answers. But then, if the answers are proprietary, we probably wouldn't hear them at the committee anyway.

Doug Fridsma – Arizona State – Assoc. Prof. Dept. Biomedical Informatics

Yes. I think the other thing that we have to make sure people are aware of is that although we may pick representatives to give testimony, anybody in a public hearing--

Andy Wiesenthal – Kaiser Permanente – Exec. Dir. CIS

Can come.

Doug Fridsma – Arizona State – Assoc. Prof. Dept. Biomedical Informatics

--could put in. They can come. They can comment publicly, but they can also provide written testimony.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

And we're specifically requesting written testimony in advance of the meeting, and we've been talking about putting that request out on the FACA blog, on Halamka's blog, and other public places.

Andy Wiesenthal – Kaiser Permanente – Exec. Dir. CIS

To beat my drum again, we can request that the EHR VA make that request available to all of its membership.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Good.

Floyd Eisenberg – Siemens Medical Solutions – Physician Consultant

This is Floyd. While I would agree with all of that, we shouldn't assume that EHR, A, represent all vendors--

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Right.

Andy Wiesenthal – Kaiser Permanente – Exec. Dir. CIS

Right.

Floyd Eisenberg – Siemens Medical Solutions – Physician Consultant

--because it doesn't.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

What can we do to address exactly what Floyd just mentioned? I mean, how big do we want this panel to be? We had talked previously about trying to have half a dozen representatives on this panel, and so it's kind of a thorny issue of how do you cover that spectrum.

Floyd Eisenberg – Siemens Medical Solutions – Physician Consultant

Well, my comment that I made, I guess it was more of a comment based on Doug's earlier comment. You can't have everybody, and other vendors also have the ability to present written testimony. I don't think we need to start inviting others, but I just think we have to be aware that they're not all vendors.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Is there a notable market segment, category, or group of vendors that are not represented in the vendor association?

Floyd Eisenberg – Siemens Medical Solutions – Physician Consultant

I know individual ones. To say it's a segment—

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

If it's sort of an even distribution of a scattershot, then we're fine, right, by asking the vendor association. But if there's a concentrated group of vendors of a particular kind that are not members, then some other strategy might also....

Floyd Eisenberg – Siemens Medical Solutions – Physician Consultant

I guess I'm just thinking in terms of organizations like Google as far as the PHR and other areas of electronic data use that are not represented there, and I'm not sure how....

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Do you think they count as an EHR vendor?

Floyd Eisenberg – Siemens Medical Solutions – Physician Consultant

Well, I'll let others comment.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Yes.

Floyd Eisenberg – Siemens Medical Solutions – Physician Consultant

I think they've been considered there by some.

Doug Fridsma – Arizona State – Assoc. Prof. Dept. Biomedical Informatics

I guess I think that the EHR designation is a useful thing going, you know, to kind of organize the information, but they are vocabulary and health information technology users. So in so far as they may be providing input into EHRs or be recipients of structured data that comes out of an EHR. They would be, you know, they would be a consumer of those vocabularies....

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

So it may be appropriate to expand the kind of reactor panel that we'll have later to include a broader swath of users.

Doug Fridsma – Arizona State – Assoc. Prof. Dept. Biomedical Informatics

Yes, and I think you can even include things like, again, I kind of go back to the consumers, the producers of this information. And so other consumers are going to be people that do adverse event reporting. You've got Med Watch. You've got Medra for complications related to pharmaceuticals and cancer drugs. You've got CMS and SSA that are going to be consumers of some of these things as well. I think the EHRs are going to be both consumers and producers, but there's an ecosystem out there that includes other folks as well. That may again be future use, but we want to make sure that, as we think about managing terminologies, that we consider the ecosystem, I guess.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Okay. I think I've got a description of that request that we would send to the vendor association, and we've also got a note to include the VA and DoD.

M

I think that's good.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

What else is there about this meeting that anybody has concerns about, wants to discuss other improvements we could make to the panel, the discussion, or what we expect to get out of it?

Andy Wiesenthal – Kaiser Permanente – Exec. Dir. CIS

Jamie, I think you can stick a fork in us.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

I think so. I think so. And I think we are about to get half an hour back, which is always useful. Is there any other topic that folks want to bring up for this call since we're all together on the phone here that was not on our agenda item? Okay. I did hear somebody else beep in late on the call. Was that somebody rejoining, or is someone else with us?

Lynn Gilbertson – NCPDP – Vice President of Standards Development

It was Lynn Gilbertson from NCPDP.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Hello, Lynn.

Lynn Gilbertson – NCPDP – Vice President of Standards Development

Sorry I was late.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

No problem. Lynn, we just reviewed the questions that we're asking our panelists and reviewed the agenda for our February 23rd public meeting.

Lynn Gilbertson – NCPDP – Vice President of Standards Development

Thank you, Jamie.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Then with that, I think Andy is right again, and we can stick a fork in it. We're done.

M

Thank you.

Jamie Ferguson – Kaiser Permanente – Executive Director HIT Strategy & Policy

Thanks, everybody.